ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
OTHER PARTY	
OTHER PARTY:	
ORDER AFTER HEARING ON MOTION TO SET ASIDE	CASE NUMBER:
ORDER TO PAY WAIVED COURT FEES	
(Superior Court)	
1. This proceeding was heard	
on (date): at (time): in Dep	ot.: Room:
by Judge (name): Temporary Judge	
2. a. Petitioner/plaintiff present Attorney present (r	
b. Respondent/defendant present Attorney present (r	
c. Other party present Attorney present (name):
3. The order to pay waived court fees filed (date): orderin	g (name):
to pay court fees	
a. is not set aside on the following grounds (specify):	
b is set aside on the following grounds (specify):	
4.00	
4. Other (specify):	
Date:	
	JUDICIAL OFFICER